Housing and Services
Resource Center

State and Local Partnerships for Housing Stability

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Presenters

Massachusetts Panel Presentation

- Emily Cooper, Special Advisor on Housing, MassHealth, Chief Housing Officer, Executive Office of Elder Affairs
- Susan Ciccariello, Acting Director of the Office of Long-Term Services and Supports, MassHealth
- Adam Schaffer, Deputy Director, Division of Housing Stabilization, Massachusetts Department of Housing and Community Development

Braiding Programs to Serve Clients

- Whitney Joy Howard, Lead Supportive Housing Program Manager, Home and Community Services Division, Washington State Department of Social and Health Services
- Pam Parr, Executive Director of Spokane Housing Authority
- Alexa Whitted, Manager of GOSH/CCG Services for Consistent Care

Facilitator: Lori Gerhard, Director of the Office of Interagency Innovation, Administration for Community Living

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LORI GERHARD:
Hi, everyone. We will get started in about a minute.

Hello, and welcome to the Housing and Services Resource Center's March webinar series. Hopefully you were able to join us at the first webinar in this series entitled Expanded Opportunities with Federal Funding for Housing and Services.

The webinar recording is available on the website and the chat. We welcome you to today's session. My name is Lori Gerhart and I am in the Office of Interagency Innovation at the Administration for Community Living, an operating division within the US Department of Health and Human Services.

I'll be serving as a facilitator for today's webinar. It is great to see so many of you here today, and with your support we are hoping today's webinar will include an engaging discussion.

Before we get started, we had a few housekeeping items. This meeting is being recorded. By staying to participate you are consenting to the recording. Also, all attendees' microphones have been muted for audio quality, but please know we very much want to

hear from you today. Please frequently use the chat to make comments and submit your questions anytime in the Q&A feature in the Zoom dashboard.

You may also email a question or comment to HSRC@ACL.HHS.GOV.

Please use the chat if you have technical difficulties and we will do our best to resolve them.

We'd like to know a little bit about who is joining us today. The work under the Housing and Services Resource Center, or HSRC, is designed to serve professionals in multiple sectors. The portal will display on the side of your screen.

Please select one of the responses: Health or human service agency; housing or homelessness services; health care provider or system; community development organization; association, research, or advocacy organization; consumer; or other.

I think we need to launch the poll.

MOLLY FRENCH:
We will need everyone to put their response into the chat.

LORI GERHARD:
If everyone could put the response into the chat that would be great, thank you.

We will move on to the next slide.

We'd like to overview today's agenda while you are sending in the chat what type of organization you are with. I want to overview today's agenda.

Today our focus is on state and local partnerships for housing stability. We will hear from our colleagues in Massachusetts and Washington about the partnerships and activities they are doing to help more people get and keep affordable, accessible housing with home and community-based services, and/or behavioral mental health services that they need so they can live full lives in the community. Our intention is that you leave today's webinar with new openings for actions as it relates to developing partnerships, and leveraging the funding and flexibilities that are available.

As you listen to these examples, please think about other organizations you could be partnering with for innovative strategies you could replicate in your state or community.

We will then have some time, about 20 minutes, for questions and answers. And then we will close out the webinar. After the webinar, we will share a PDF with the slides in this presentation and some additional ones we think are helpful, along with an evaluation.

Before we go into today's presentation, I want to set the stage a little bit around some of the challenges we are confronting as a country related to housing.

We are likely here today because we are all grappling with challenges we have in common. The data is quite sobering. We know that the stock of affordable units has been shrinking for many years, and competition for that limited supply of affordable rental units and rising rents makes it difficult, if not impossible, for many older adults and people with disabilities to effectively and sustainably live in the community.

HUD's 2021 worst-case housing report found there were only 40 available homes for every 100 extremely-low-income households nationwide. Adding to that lack of affordable housing is the fact that under 1% of US housing stock is wheelchair accessible, and less than 5% can accommodate individuals with moderate mobility disabilities, making finding units that are both affordable and accessible a huge challenge.

Homelessness among adults aged 51 to 61 years, and 62 and older, is also rising. About one in four adults in the homeless population are 62 and older. In addition, many studies have documented that finding, navigating and obtaining services and supports for living in the community can be difficult, and often challenging.

However, even in states that have put in place needed community services to help people transition from institutions, the challenge of finding affordable and accessible housing becomes an issue that slows down, or even prevents the transition back to the community.

I'd like to tell you a little bit about the Housing and Services Resource Center. To address these challenges, we recognize that we need to facilitate greater partnerships across the disability, aging, health and housing sectors at all levels.

The US Department of Health and Human Services, specifically the Assistant Secretary of Planning and Evaluation, or ASPE; the Administration for Community Living, or ACL; Centers for Medicare & Medicaid Services, or CMS; and the Substance Abuse and Mental Health Services Administration, SAMHSA, partnered with the US Department of Housing and Urban Development, or HUD, to create the Housing and Services Resource Center.

In December 2021, the Housing and Services Resource Center launched with the website that brings together, for the first time, a wide variety of federal resources and guidance on both housing and services that support community living, including Medicaid funding home and community based services, behavioral health supports, vouchers and other housing programs. You can access this information at ACL.gov/HousingAndServices.

It takes all of us working together so people have access to affordable housing and individualized services and supports that they need to live in the community. Our shared goal for all older adults, people with disabilities, those living in institutions seeking to return to the community, and people experiencing or at risk of homelessness, is to live stably in their homes and engage in the community.

This serves as a hub for federal partnership and in collaboration with national, state and local partners we coordinate technical assistance training and research efforts of each agency to reach a broad audience of aging, disability housing, health and wellness networks and stakeholders. We facilitate partnerships between housing and service systems to expand affordable, accessible housing and access to home and community-based services and health. We recognize and share state and local innovations, like you are going to hear today as an example, and we assist communities in leveraging and aligning new housing and services resources available through the American Rescue Plan.

I think we can summarize the poll results later, and we will move on to the next slide.

Now we will hear about state and local partnerships that support housing stability. Let's start with our colleagues from the state of Massachusetts. It's my distinct honor, and privilege, to introduce Emily Cooper, a special advisor on housing, MassHealth, and a Chief Housing Officer at the Massachusetts Executive Office of Elder Affairs. Emily, can you tell us about the exciting partnership opportunities in Massachusetts?

EMILY COOPER:
Thank you to you and to the many people who are on the webinar for inviting us and listening to us today.

I think I want to highlight a few key things about partnerships between housing and human services at the state level. The first thing is that they take patients, and they take cultivation. In Massachusetts, and I'm sure like other states, we have been working at this for quite a while. It's nice to see some success, but the success is definitely incremental, and we continue to work.

It's like a plant you have to nourish and make sure it grows and is healthy. Some of the ways we continue to work together is always having an ongoing dialogue where we are learning from each other, and even translating things.

For example, if you talk to a housing person, they will talk about the area median income, or AMI, to figure out what income levels housing should be at. If you talk to a service person, they may talk about the federal benefit level. I actually have a chart in my office where I compare 30% of area median income equals what percent of federal poverty level, so that when we are in the same room and talking about people we can even understand each other.

It's an ongoing relationship that we need to nourish in many ways.

We were lucky enough to participate in the CMS Innovation Acceleration Program, which is the IAP, bringing housing and state agencies together. What became helpful in that in the IAP and in general is the people. Much of this is about finding good people. You will hear from two of my favorite people in Massachusetts state government who are willing to learn and problem solve, and to be flexible, and think outside the box. And really to partner rather than saying, this is what we do and this is what we always do.

When we participated in the CMS IAP we were able to have high ranking state leadership participate in the group, and that made things happen. We had lots of results that have culminated from it. We got state money to put together a data warehouse for all the homeless management information systems, it was in 12 different places, now we can put it all together.

They created my position. I have a special advisor on housing and the state Medicaid agency. That came about as we started to realize we need to think about housing and other social determinants of health in the context of who we serve in Medicaid as well.

We developed housing supports that are funded by Medicaid. We paired them with housing vouchers so that we could get the services and housing together. We applied for federal resources together like the Section 811 program. And we explored new permanent supportive housing models for different populations such as pairing PACE, which you will hear about from Susan, to create service-enriched housing for seniors.

Or for people who are homeless and experiencing homelessness and the marketplace being what it is we started looking at things like sponsor-based housing where an agency is renting an apartment, and that might be a more sustainable, attainable model.

When the pandemic hit we really had to rely on these partnerships in a whole new way. We had to be flexible, we had to be more collaborative, we needed to work quicker than we

ever had, and we were able to do things together that I think strengthens our partnership. For example, we rolled out vaccine distribution through all of the senior affordable housing, and all of the shelters in the state, which was clearly a human services housing partnership.

So, you will hear little bit more about some of these pandemic efforts from Adam, but first I will turn things over to Susan Ciccariello, was the acting director of the Office of Long-Term Services and Supports at MassHealth, which is a state Medicaid agency, and she will talk to a little bit from that perspective about home and community based services. Susan, are you all set?

SUSAN CICCARIELLO:
I think I'm set. Can you hear me? Thank you so much, Emily. Hello to everyone. As Emily just explained, my name is Susan Ciccariello and I work for MassHealth in the Office of Long-Term Services and Supports.

MassHealth is the state Medicaid agency in Massachusetts. I want to give a tiny bit of context for where MassHealth sits and how our programs are structured. MassHealth sits in the Executive Office of Health and Human Services. We refer to it as the OHHS. It's comprised of 12 agencies in addition to our two soldiers' homes and the MassHealth program.

These agencies include the Executive Office of Elder Affairs, where one of Emily's hats is worn and where we serve older residents. The Massachusetts Rehab Commission that serves all ages and physical disabilities. The Department of Mental Health, where they serve individuals with behavioral health needs, and the Department of Developmental Services, who serves individuals with intellectual and developmental disabilities. We have all of our little pots of agencies surveying individual members, and MassHealth cuts across those agencies. We are very privileged in Massachusetts to offer a very robust array of long-term services and supports to our eligible members. This includes state plan adult day health services, day habilitation services, consumer-directed personal care attendant services, adult foster care, home health and hospice. We are far more than just nursing facilities in Massachusetts.

In addition, we offer 10 home and community based waivers, including the Moving Forward Plan, and we are in the planning stages of launching an MFP demonstration. In Massachusetts, we do not require or have mandatory managed long-term services and supports, but there are options for managed long-term services and supports, including our fully integrated Dual Eligible Special Needs Plans. We have six of those in Massachusetts. We refer to them as our Senior Care Options programs, we also offer MMP demo plans for our dual eligible members. We have eight PACE programs in Massachusetts. As Emily mentioned, those programs have been proven to be a fantastic collaboration with housing partners.

So with everything we offer and all of our internal stakeholders, it does present some opportunities and challenges. When looking across everything we offer, it can be a little bit daunting to figure out where we need to build. So I'm going to speak a little bit to the HCBS funding. And what Massachusetts did with that funding and what we are planning to do going forward.

So MassHealth led an interagency effort – when I talk about that, I mean across agencies and the executive office of health and human services. So working with the Executive Office of Elder Affairs, Department of Mental Health, Department of Developmental Services and the Mass Rehab Commission to develop a plan for the distribution of the Section 9817 ARPA

funding, the HCBS funding, and we really wanted to develop cross-cutting proposals to fill the gaps in our HCBS services and really shore up the HCBS system.

We submitted three requests to CMS for a total of $1 billion in gross spend, $526 million in that spend. We received partial approval from CMS and are in the process of responding to some outstanding questions. Our initiatives focus on three key areas. One is retaining and building the HCBS workforce. What is to access -- one is access to promotion of HCBS services and one is to strengthen HCBS technology and infrastructure.

Just like with the structure, and all of this new funding, it presented a great – it presents us a great opportunity but also a heavy responsibility to ensure that we are able to get the resources out quickly, effectively, and to meet the needs of our members. So we are very very excited to be able to leverage relationships we have built across both our secretary and across state governments, to develop initiatives that support members to stay in their homes. And support members who are homeless or housing unstable.

I do want to highlight three initiatives we have. We have submitted to CMS all within different stages of implementation now. We are – one is, we are going to increase the MFP community living waiver slots. That was submitted early on in our proposals to CMS. We are also submitting – we also submitted a proposal around one-time transitional housing costs for members. This would include paying for security deposits, funds for furniture, and other expenses for members that can't access these resources through other resources.

And the last one is coordinating and streamlining the home modification funding streams and mechanisms. Through all of our sister agencies, we have a whole bunch of ways to access home modification funding. But it is not incredibly clear to folks how to do that. So this initiative is really around getting things sort of a one-stop shop for home modifications.

So I am going to turn it to Adam Schaffer, who is the deputy director of the Division of Housing Stabilization at the Massachusetts Department of Housing – sorry, my phone is ringing. I apologize for that. Adam, I'm going to start again. Adam Schaffer is a deputy director of the Division of Housing Stabilization at the Massachusetts Department of Housing and Community Development.

ADAM SCHAFFER:
Thanks, Susan. Hi everyone! I work with the Department of Housing and Community Development in Massachusetts. We aid in the development of affordable housing, including permanent supportive housing for formerly homeless families and individuals. The DHCD also administers some federal rental assistance, including emergency rental assistance through the ARPA bill as well as state-aided public housing. And my division in particular oversees the state's family shelter systems, individual shelter system as well as our eviction prevention work.

I want to talk about two big picture goals that I've been working on with Emily and Susan and their colleagues at EOHHS. Our first goal is to triage the most intensive interventions to the individuals or families that have the highest need and who might not pose the highest cost to the Commonwealth. And two, to coordinate client resources and back office tools, to make sure that housing and health care are working in concert and not in silos. And prior to this, my work at the HCD, I was working at the state's budget office, Administration and Finance, to encourage us to take this and whole of government, whole of person approach. And to coordinate across agencies in our interventions to be as successful as possible.

To start, let me talk a little bit about how we are triaging those interventions. In particular, in Massachusetts we are lucky to have our own state Rental Voucher Program, called an RVP. In most years – although this is not most years – most years we have a limited number of vouchers available. And focus those – in the last year – focused a specific number of 45 vouchers to households in our family shelter system who have a chronic condition.

So we focus these vouchers for households where one or more family member had a chronic condition which we defined as two specialists within – extended longer than three months and may get worse, or received inpatient psychiatric care or had acute, chronic acute physical or mental impairment requiring special care.

We felt like targeting these folks were particularly important during COVID because of the high risk of COVID transmission in shelters and also the need to really provide these households housing stability. And just to confirm, no slides from the Massachusetts team today. We are just talking today.

So through this program, we received 250 referrals and randomized them to the top 45, and we will be issuing more through a similar process to our Emergency Housing Voucher or EHV initiative. And as others have said, we continue to have challenges around available units. Some of the keys to success in this, we found, were engaging with attorneys early around fair housing and engaging folks like Emily and other health and housing experts.

We also had a similar process for dedicating specific vouchers to families in the child welfare system. So the second goal I want to talk about was how we are working to coordinate client resources and back office tools to make sure that housing and health care are working in concert, not silos.

Specifically even before and particularly during the pandemic, we had considerable inflow into our shelter systems from our upstream systems of care. Psychiatric facilities, hospitals, substance use treatment centers, and found that some of these folks who enter shelters, if we coordinated a little bit better, might be able to avoid an instance of homelessness. This was particularly important during COVID we had limited shelter beds available. So we did a few things to help make sure that our partners in the health and human services space and in the hospitals, had the tools they need to make sure that the folks in their care were being referred to the right housing resources.

So specifically, we created a decision tree for hospital staff so they would know how to refer their patients to non-shelter resources. Such as helping them connect with a skilled nursing facility, for example. Or, if somebody was in public housing and then spent a long time in the hospital to make sure that they didn't lose their public housing unit when they were out for some time and may not be able to pay – their rent. We also changed and clarified our expectations for shelters. To make sure that shelters knew to expect a call from a hospital when they had a shelter client there. So that the shelter and hospital could work together and coordinate care for these individuals.

We also made clear late night drop-offs at hospitals were really not acceptable, that was not the best way for us to best receive individuals who were leaving hospitals. Some of this work, as Susan mentioned, was funded through the Section 9817 ARPA funds for hospitals interested in enhancing their skills, and building their capacity. A lot of this also was work that Emily and I and some of our colleagues did to really make expectations clear, both on the shelter side and on the hospital side. So that we were all working together and have understanding of where key points were.

As they said, certainly a work in progress. But we are hearing positive things, the communication between health care settings and shelters is really improving care for our shared clients. We also created a feedback loop to understand when things didn't go exactly according to plan. We created reporting forms so we could dive into more data, so shelters could report when they had, what we call, an inappropriate discharge–a discharge from a hospital to a shelter that we thought was not appropriate so we can learn from that and create better systems moving forward.

The last piece I want to mention is really around what I call, nailing the little stuff. With the emergency rental assistance funding that we received, it was incredibly important for us to validate income rapidly. And here, again, speaking to what Emily mentioned earlier, because of our coordination between the DHCD and EOHHS, we were able to quickly set up a system for MassHealth, the state's Medicaid system, as a proxy for proof of income. If somebody was receiving income – or receiving insurance through MassHealth, we assume that we made them what we call presumptively eligible for emergency rental assistance, which sped up our ability to serve folks in need of rental assistance to avoid eviction and make sure that we were serving our shared clients between MassHealth and DHCD. With that, we will turn it back over to Lori and again, thank you all for taking the time.

LORI GERHARD:
Thank you Adam, Susan and Emily. It was jam packed with lots of great information. I really liked what Emily was sharing about partnership really takes patience and cultivation.

It was great to hear what you all shared and we will be making the recording available as well as we do have, we will copy the chat and share that. I know there was some chatter in the chat about that. We will share that with you if you are not able to copy and save it now. We will put it in the notes that we make available.

Before we move into hearing from our colleagues in Washington state, we want to hear from all of you. You all are doing a great job at using the chat and sending the questions in. We will take questions after we hear from Washington state.

In the chat please tell us your most effective ways of developing strong relationships within an organization in a different sector than the one you are in.

If you take a few minutes and think about what are some of the effective ways to develop strong relationships with other organizations that are in different sectors, one strategy from Tashima is identify common goals. Thank you.

In-office trainings, identifying shared goals and collaborating on solutions. Networking at conferences and trainings. Cross trainings. Bring the value of your sector. Collective impact framework. This is great. These are great ideas and great strategies. Taking time before a crisis to understand each other. Meeting regularly. Mutual appreciation.

Wonderful. Understanding what is possible or not possible from an agency.

Meet them where they are. Reaching out and connecting. That's terrific. Keep these strategies flowing in the chat. Thank you so much for sharing them. I think we all get to learn from each other's experiences and wisdom. Many thanks.

It's my distinct honor to introduce Miss Whitney Joy Howard, who is the lead supportive housing program manager for home and community services in Washington state

Department of Social and Health Services. Whitney Joy, can you tell us about partnerships and innovations occurring in Washington state?

WHITNEY JOY HOWARD:
Good morning, everyone, and thank you for joining us all today. As Lori stated, I am Whitney Joy Howard. I am the Aging and Long-term Support Administration lead supportive housing manager here in Washington state. I've worked for ALTSA for the past five years. I was the director for Pathways throughout North America and communities' high-quality supportive housing programs. I also have a variety of direct service experience related to housing and outreach among the unhoused among the East and West Coasts.

I have the honor today of presenting, in partnership with a couple of other partners. Pam Par is the Executive Director of the Spokane Housing Authority, Alexa Whitted is the manager of Governor Support for Housing and GOSH/CCG, a community agency which serves most of Washington state.

As some table setting. On this slide you will find the vision, mission and values. I'm fortunate to be working in a state with a long history of development in the community because a lot of the basics are already in place. When it comes to independent housing, we find that we need to look deeper for more solutions, to ensure our services are responsive to the evolving needs of our clients in the community. When we identify gaps, we can partner around services or resources to fill those gaps, and of course, there's always more work to be done.

So, drilling down a bit on the home and community services division philosophy. People are living longer, the population of persons over the age of 65 is rapidly growing. Washington was also a Medicaid expansion state, so we have more younger individuals with complex needs eligible for long-term services and supports.

We know that most people want to live as independently as possible, for as long as possible, and age in place.

ALTSA believes that individuals with high care needs tend to be supported in the community with the right array of services and supports. There are almost always alternatives to institutionalization. We have been helping people transition from skilled nursing facilities and hospitals for over 30 years by building and expanding upon the services and resources available to promote and support individual choice.

As you will hear in this presentation, we partner with community and state agencies to leverage our ability to meet our goal of providing long-term care services in the least restrictive setting while honoring individual choice.

Speaking of supporting individuals with complex high care needs, here is a graph with a snapshot of the CARE Assessment Acuity Group. The darkest pink is the highest-acuity clients with more challenging conditions in high care needs. This graph shows that even with high acuity complex medical needs they were able to support individuals in their own homes.

The ALTSA housing team has been up and running since 2011 via the Money Follows the Person demonstration. The housing team was created to support independent housing options for ALTSA clients statewide. Earlier I mentioned some of my work background. Most of our housing team has background in the world of affordable housing, and are now at the long-term-care world. Having this experience really helps us bridge these two worlds.

To date, our team consists of 15 people who work to create, grow and administer housing resources, and quality supportive housing services for ALTSA eligible clients statewide. This is done through networking, collaborating with state networking and entities, providing services, education and supports available through the long-term care system in Washington, direct processing of housing and supportive housing referrals from our case managers. Providing education and technical assistance to our case managers, on a variety of housing related issues, and acting as translators for the world of affordable housing and long-term care services.

In our work of being mindful of the growing and changing needs of our participants and expanding upon our services to meet those needs, in 2019 we created a new position to expand our work. Having housing subsidies and tenancy sustaining services for those who need them are crucial factors in supporting independent housing for our clients; subsidies and support services are not tangible housing.

Even with these resources there are great challenges to securing affordable housing. Especially someone who faces additional barriers to housing for past eviction, criminal history, for rental or credit history.

Our housing capacity program manager supports the need for immediate tangible housing to pair with our state subsidies and services. This position has leaned on existing partnerships ALTSA has created and has grown new ones. The partnerships' great need of services and subsequent funding through HCS with tangible housing via set-asides from housing developers, nonprofits and property management companies.

These are not project-based arrangements for our clients. Participants are able to take their housing subsidy and move elsewhere. The housing capacity efforts also continue to honor community integration efforts of our work by ensuring a diverse portfolio of set-asides across the state.

Part of the way we increase housing resources for ALTSA clients is by building partnerships with a collection of housing providers and agencies across Washington. We work in partnership with the Health Care Authority and managed care organizations to build cross-sector teams that wrap around support. So, think housing subsidies, long-term care services and then assertive community treatment teams via the behavioral health system.

We work with the Department of Commerce to ensure those with long-term care needs are considered when creating eligibility for their housing resources and subsidies.

One partnership that's specifically called out is with Spokane Housing Authority, which administers all of our state-funded ALTSA subsidies under one statewide contract. As part of this effort, Spokane Housing Authority has also partnered with all of the public housing authorities across Washington to conduct local housing quality standard inspections as part of our leasing requirements.

Our team has partnered with various public housing authorities throughout Washington to secure direct access to specific federal vouchers such as Non-elderly Disabled and Mainstream Vouchers. As new or additional federal vouchers get issued, we build upon these established relationships to secure access to additional vouchers such as their recent Emergency Housing Vouchers.

We have partnered with the Department of Commerce to secure direct access to various Section 811 project-based vouchers throughout Washington. We have brochures on each of these resources on our website, and hyperlinks to the brochures related to these options will be dropped to the chat.

The state-funded ALTSA funded program was launched in 2012 as part of our Roads to Community Living demonstration program, and was modeled off the federal Tenant-based Housing Choice Voucher program. ALTSA rental subsidies are intended to support individuals moving from institution to community settings. We are also able to support individuals diverting from our state psychiatric hospitals.

These subsidies assist clients to quickly transition into housing while they remain on waitlist for permanent, affordable housing.

ALTSA contracts with the Spokane Housing Authority to issue, track and monitor subsidy payments to landlords in order to help streamline the process. With that I will turn the presentation over to the Executive Director of the Spokane Housing Authority, Pam Parr.

PAM PARR:
Hello, everybody, and thanks for joining us today. I'm excited to present with my wonderful statewide partners. In Washington state, there are 46 separate housing authorities spanning 39 counties. Some of those are in cities, and some are countywide. In our case we actually cover six counties in Eastern Washington, which is about 1/5 of the state.

Housing authorities are generally quasi-governmental agencies that provide affordable housing for families, children, seniors, veterans and people with disabilities. We see ourselves as important business partners in each community. We are contributing millions of dollars to our neighborhoods, and to local landlords through rental subsidies.

In addition, most housing authorities have portfolios of affordable housing units and we partner pretty exclusively with thousands of landlords across the state.

You're kind of wondering, I'm sure, why the Spokane Housing Authority is administering a statewide program. Several years ago, ALTSA came to the Association of Washington housing authorities and wanted to do a pilot of this assistance program using state dollars to do it. At the time it was a small pilot, $130,000 for a two-year grant. I was the only one that said yes.

And then I convinced all of my compatriots across the state to enter into interlocal agreements with us so that we could administer subsidies all across the state and we would have them do inspections. That program that started, what was it? Maybe five years ago, Whitney? At $130,000. We just signed an $8 million three-year contract. Clearly it is successful and we are still doing it statewide.

My motto is that I'd rather ask for forgiveness than permission. I hope you all think that way, because that's how you will get ahead. We want to think outside the box, we want to collaborate, bring funding together and look for loopholes to get things done in our communities that we need to get done.

This program does that. It's amazing. This program actually closely mirrors some of the programs we do on a local basis. We have something called a referral batch program where we partner with local nonprofits and government agencies. When we use tenant-based vouchers from our voucher pool and pair it with services.

And that works really well. Those kinds of innovations are the things that really address local needs and get things done. Next slide. I should not have said that earlier. (Laughs). I think that the bottom line for me is that, when someone comes to me and asks me, "Do you think this or that would work? Can we brainstorm?" When we brainstorm together, that is where the best solutions come from. By using every funding source that you can, and every partner that you can work with, you can come up with those solutions to supplement the HUD -- subsidies available. If one in four people are eligible for housing, what are the three other people doing? It's up to us to come up with those solutions.

I think I'm going to turn it over to Alex?

WHITNEY JOY HOWARD:
I'm actually going to jump back in here. Thank you, Pam. We greatly appreciate our partnership with Spokane Housing Authority and their ability to be flexible with us, especially with their state funded subsidy, we can be a bit more flexible around our policies. Since it is not a HUD federal voucher and we greatly appreciate Spokane Housing Authority being right there with us.

What is supportive housing through ALTSA? So the term supportive housing is intended to mean one thing, but it can mean a variety of things at this point across the country. It was initially developed to serve people experiencing homelessness with complex needs. Who face challenges securing or maintaining independent housing. Also, we offer supportive housing to expand upon housing choice, for clients who want to live independently, but need that additional ongoing support to do so.

We utilize a scattered site model in which the supportive housing provider searches for market rate apartments, integrated in the community, and most often the participants are utilizing ALTSA rental subsidies to -- to afford those rental apartments. Now I'm going to turn it over to Alexa Whitted and let her speak from a provider perspective.

ALEXA WHITTED:
Hi, just as Whitney Joy said, my name is Alexa Whitted. I work for Consistent Care, and we are also a supportive housing provider for the state of Washington. I am the manager for Consistent Care. So I am really excited to talk to you about the GOSH program, because it really fills a need in our community with mental health clients. It's just a fantastic program that many other states should have.

So this is the supportive housing coordinating system of care. The supportive housing provider acts as the point person for the participant and helps to drive collaboration across systems and providers. So our GOSH participant would be the one in the middle, and then we kind of work around and are a kind of the lead to get the client housed as quickly as possible.

And then around the center, we have the rest of the important contacts as well. At the top, the home and community-based service case manager plays a vital part, and then it will switch to AAA or Area Agency on Aging once a client is housed independently. Also very important to the participants' care are other caregiving agencies that assist clients with many daily living needs.

We also have informal supports like family, and for housing we have landlords and property managers. Sometimes there is employment involved as well. We have an MCO liaison that helps contacting or connecting participants to services like mental health providers and

primary care providers. A very important part of the clients' care is in the outpatient and behavioral health providers that usually consist of clinicians and prescribers.

And our clients that have co-occurring disorders such as mental health and chemical dependency, we collaborate with SUD services and finally with primary care providers, we can help support our participants' health. And who is in this diagram can change over time. And so, it changes based on where the client is in our housing process.

Next slide, please. And then what is supportive housing? There are other supportive housing opportunities available but this is specific to GOSH. It is a philosophy program and evidence-based. It keeps the individual centered in the process. It utilizes harm reduction and proactive engagement. And the participant has access to weekly home visits and 24/7 access to their support housing provider.

We usually play a YouTube video here but we aren't able to share today, but we will post it in the chat box so you will see in the chat box; the video is about chronic homelessness and uses the Housing First model.

Next slide, please. So for pre-tenancy services, the GOSH services providers provides – we develop an individual housing support plan, housing crisis plan. We conduct and search for secure affordable independent housing. We review leases and landlord-tenant laws and always being a housing advocate for the client. We assist participants moving into housing, and coordinate with the participants' care team.

It's important that we really strive to advocate for the client as much as possible. This can include helping clients in a multitude of different ways. An example I would like to share is that we had a client with a very predatory previous landlord and had assigned our client their previous tenant with $10,000 of damages. The case manager of the team decided to follow up with the landlord and asked to see the damages. She was able to work with our local Northwest Justice Project. They are attorneys that donate their time, and we were able to get the amount significantly reduced and therefore make it more manageable for the client to pay damages and therefore, get the collection removed and we were able to re-house the client.

So some of our jobs, we kind of just do whatever we need to do to get the client housed and whatever barriers are in our way, we try to problem solve as a team, and come together for the client and get them housed. Next slide, please.

And then, other services that we provide, we proactively support maintenance of tenancy. The relationship building with landlords, property managers and neighbors. Something we have clients that have some unsavory behavior so we try to work with them and say, "Hey, this is not exactly…" How can we problem solve and work through this? So that we can make everybody happy in this situation?

We always ensure person-centered housing support and crisis plans that are up-to-date. A huge component of this program is it really being person centered. We have to let the client make their choices because if we try to make them for them, most of the time they are not going to be successful because it's not what the client wants. So, we always just try to educate them on all the options possible. And then let them make their choice.

Coordination with participants' care team, including coordination of authorized services. -- Activities that support community integration and connection to permanent affordable community housing. This voucher is such a fantastic voucher. But we do try to get our

clients onto long-term subsidies and subsidized housing. Our goal is consistently to support the client in whatever way possible for them to be successful in the community. Sometimes supporting the client with mental health services or helping to support their goals with substance use. We try to build as much rapport with the participant and help them feel empowered and supported every step of the way.

And next slide, please. And then long-term services and supports, for community services supporting housing. Services that assist secure housing and maintain an apartment: background check, report background check prior to applying for units to determine what unknown barriers the client has. We fill out a lot of rental applications. So we search and we apply for properties until we are successful at getting the client approved. There could be many hoops for jumping through to get the client approved. In working with landlords on different tenant laws, a lot of our – some landlords like to kind of fight us and make sure that we are trying to do two or three times the rental amount. So just providing some education to landlords and letting them know our client has a voucher so the percent they pay is only 30%.

So therefore you can only do two or three times their paid amount, not what the actual cost of the rental is. So we do have to provide education on that in a couple of other things. We are able to pay for move-in deposits, which is very very helpful. We can pay up to double security deposits for some clients who have poor rental history or evictions or have credit history. We are also able to provide the first month's rent until Spokane Housing Authority – they kick in and they start from the second month. And then we can also pay for moving services.

Essential items that we are also able to pay for which includes furniture, clothing, cooking supplies, cleaning supplies, the client doesn't have their food card working yet, it kind of takes about a week to kick in. We can also pay for the first week of food for the client.

And really any other things that pop up also like cell phones or bus passes. And then services to keep the client housed could be like pest eradication or a deep cleaning. Next slide, please.

WHITNEY JOY HOWARD:
I will chime back in here. The resources Alexa was just referring to are services that are actually built as part of our long-term services and support package. – Available to clients in Washington, eligible for long-term care services. They really complement our supportive housing services and support individuals who want to live independently but have financial barriers to doing so.

And in addition to those resources, we also have created some others to support tenancy. We discussed our ALTSA housing subsidy. I did also want to make note, we have a state-funded Emergency Rental Assistance Program in which long-term care clients, who don't have access to any other emergency rental assistance, are able to – if you get this, if they get behind in rent for whatever reason, owe a ton of money to their landlord that they cannot possibly pay off, but they do have the ability to pay their portion of rent ongoing, we actually can approve Emergency Rental Assistance, state-funded program, pay off that lump sum amount to stabilize and sustain that tenancy.

We also have a community choice guide – this is a service that predates our supportive housing services, and community choice guys are essentially housing specialists. Our case managers can authorize them to support our clients' housing search process, help fill out applications, get somebody into housing. And then oftentimes the community choice guys

go away so that is the -- difference–emergency housing service which is ongoing, and community choice client services which just needs temporary help.

For additional services, we have a long-term care system to help sustain tenancy or behavioral support services; this is separate from our behavioral health system in Washington. These are just targeted behavioral support services to the long-term care system to stabilize tenancy. Some technical assistance, funds, and some other professional support services. Next.

And then here are just some resources through ALTSA. We had our long-term care manual with our services and resources detailed in the various chapters. I added some hyperlinks to some relevant chapters and then those specific to housing and supportive housing resources. We have also built up a webpage, a few webpages, actually. And put a lot of great educational material and useful resources on that website as well.

This will all be sent out to everyone. You can find the videos that were shared in the chat and the brochures and some other information on our website. Thank you so much, we also have our contact information on that website and are happy to talk with you.

LORI GERHARD:
Thank you Whitney Joy, Pam and Alexa. This is lots of great information. You highlighted a few things about housing subsidies for the person. I think, Pam, you were talking about asking for forgiveness not permission, and it certainly paid off from $130,000 to the million-dollar initiative. Good idea to take risks there.

We also got to hear about tenancy supports and services. Those were just a few of the things. We'd like to hear from all of you right now, so within the chat you can share with new ideas to get from the Massachusetts and Washington presenters today?

Drop your ideas in the chat, please?

Ask for forgiveness and go for it. That's right, Jean. Look for partnerships. Previously unknown resources. Build relationships. Cross sector teams. I know people want to hear more about how services were paired with vouchers on your home and community-based services. Possible funding sources. These are great. Making inventory and trying to connect all of us. Strategic use of ARPA funds. These are really great takeaways. Grading fundings and programs and thinking out-of-the-box.

Strategies to get the landlord to stop charging three times the rent. Alexa shared some information about that. While you are all responding, and keep these ideas coming, I think it helps for other people to see what others are seeing as takeaways and while we're doing that we are going to go ahead and have all of the presenters turn the cameras on so we can move into our questions and answers, but please keep your ideas coming in the chat.

Just another call. If you have some questions you'd like to ask the presenters. Many of you have started putting them into the Q&A section of the Zoom platform but please go ahead and enter more of them in that area and we will try to answer as many as we can during the session. Those we are unable to answer we’ll put on the frequently asked questions document and get answers back to you.

Let's start with the first question that's come up a few times. Emily, maybe we can direct this one to you. How did you pair housing supports with a voucher?

EMILY COOPER:
That's a good question. I'm going to answer jointly with Adam. We actually have an 1115 waiver that is sometimes called [...] that allowed us to create accountable care organizations and something called Flexible Services, which provides housing-related supports. Doesn't help with rent but it will help you with housing search and move-in assistance. It will help you with costs related to moving in with housing and all those things. It will also help you stabilize the housing so you don't become homeless or become homeless again if you were prior to that. We approached the Department of Housing and Community Development. We said, this program is great, but folks have access to the services but there's no housing out there. Would you like to try something small?

We have a small program, and Adam I will connect you with state-funded vouchers that are directed to people who receive Medicaid funded services that weren't able through an 1115 waiver.

This is the first time we've partnered. We've partnered in the past with our MFP program and Department of Community Housing had Section 811 vouchers for people in nursing homes. And lastly, we currently have a pilot going on using, again, state-funded vouchers to move people out of nursing homes who are younger and disabled.

It was just sort of like, hey we have these services, hey we had these people, do you think we could have some vouchers? Let's try it out.

Adam, is there anything I missed?

ADAM SCHAFFER:
I think that captures it all.

LORI GERHARD:
Thank you. Let's move on then. We have another question. I have a client who has a voucher and needs a handicap-accessible apartment or house. She has been struggling with finding a suitable place. What are some tips in assisting with finding suitable handicap-accessible housing?

And then they offer in parentheses they are usually not available, or only for people over 62 and my client is under age 62. Any strategies or ideas from anyone? Anyone want to jump in? Alexa, I was thinking this was one you could start with.

ALEXA WHITTED:
No problem. This is always a really big struggle. First floor units are always really hard as well. Just because there's not a lot available. Typically what I would do in those cases when I worked in Washington, I did housing searches in Snohomish County, and I built good relationships with property management companies and landlords.

Basically got on their good side to where I would say, hey I have a client that's looking for this. When one pops up can you put me down and first on your list.

That way I was able to build good relationships and when issues came up with clients, or just making sure and checking in with them every couple of weeks. A.k.a. housing with this client and it really built good rapport that I was there whenever they needed, whatever issues they had.

That would be my primary. Really just calling all of the different companies saying, "Hey, I have a client." Don't think legally they can hold and say, you can't have this, they can't hold it against you because the client is not of age. I don't think that is legal, but they should be able to try to maybe hold one, and typically they don't give out those to just anybody, they usually have to reserve them for clients that need them. I hope that helps.

LORI GERHARD:
That's helpful. I saw some additional information coming in through the chat that was a recently enacted law in Oregon called FAIR that someone shared to help with issues like this.

Emily shared something about a database in Massachusetts.

EMILY COOPER:
We have an affordable housing search program. If you go to the link, it will list the affordable housing and the accessibility features of that affordable housing, whether the waiting list is open and things like that.

We also use Medicaid funds routinely to make home modifications. I have a statewide home modification loan program. I know we still have issues that come up, but we try to solve them individually if possible by modifying a particular unit.

PAM PARR:
I will chime in here. If this client has a voucher, something that maybe is not commonly known, housing authorities can actually use funds to make handicap modifications to units. If they have a voucher you might inquire with the Housing Authority about that. It's not something that happens a lot, but it's definitely an eligible use of HUD funds.

WHITNEY JOY HOWARD:
I will add one additional thing. It's not exactly helpful for the question at hand, but thinking longer term, our housing capacity work, that is having somebody work with housing developers earlier on in the process, and what's that done is created relationships and networks, and put ALTSA in good standing with some of these developers so when they have design questions, when they are developing buildings, they can actually support the process to help create more ADA units since that is a huge need without population.

That something kind of bigger picture, those relationships help toward that process as well.

LORI GERHARD:

Thank you, all. Great answers to those questions. I think we also have another question and it's related to this one. I don't know if there's anything more to add, but what kind of education is provided to local housing authorities and landlords regarding why they should seek more vouchers, or accept tenants with vouchers? Because it's not exactly related to the last one, and then did you have any hesitancy or statement issues? And if so how did you resolve them?

PAM PARR:
I can address the Housing Authority question. I will tell you the Housing Authorities across the country do not operate the way they do in Washington state. Many of them are more regulatory in nature and they do what they have to, but something too much outside the box.

I think it's about relationship building. Make sure you are reaching out to the Housing Authority and building relationships, and the easiest way to do that is to bring value to the conversation.

What can you bring to the conversation as far as value goes to help build that relationship? Build that relationship when you don't need something. That's so important because later when you do need someone to call, you already got a relationship in place. A lot of networking, a lot of relationship building so that when you do need something it's already there.

LORI GERHARD:
Thank you, Pam. Anyone else want to chime in on that question?

The next question is, how are the supportive services funded? Many of you are talking a little bit about connecting people up to supportive services helps people either get connected to the services they need to live in the community, or get connected to the services they need when they are in housing so they can stay housed. How are those supportive services funded? What are some strategies on how they are funded?

EMILY COOPER:
I think we use a variety of resources in Massachusetts. We definitely have funding that comes from the state. For example, I will turn it over to Adam in a second to talk about if you're a homeless family, what's provided. In Massachusetts, we rely a fair amount on Medicaid funded research for some of this. And also on HUD resources particularly as they relate to people who are experiencing homelessness.

Adam, do you want to talk about our system for homeless families?

ADAM SCHAFFER:
For homeless families in our family shelter system or emergency assistance system, when they exit they are entitled to, most received one year, and hopefully starting next year two years, of support through a program called Home Base, which is like a Rapid Re-Housing program which couples financial support to cover part of the rent as folks are leaving shelter as well as what we call stabilization support services, so tenancy maintaining services.

On our individual shelter side, we are trying something a little bit new in creating our housing through a single procurement for sponsor-based permanent supportive housing.

One of the challenges that I think we have is coupling together those housing resources, and the support services, and having them work well together. We tried something a little bit new and just advocated and secured a dedicated funding for our providers to go out next to these buildings and then sublease the units to formerly homeless individuals. Through the program we are going to be funding both the housing and a good chunk of the support services.

We are encouraging providers to gloat and try to draw out additional services, like additional dollars like Emily was talking about from Medicaid, but we wanted to build up something really quickly that didn't require actual brick-and-mortar building, that didn't require coupling together a ton of different sources. We have a new $5 million line item that knock on wood will be occurring so that we can have that all. And pretty close to one package.

LORI GERHARD:

Would you be able to respond to a pool of community funds supporting housing? Can you talk a little bit about that?

ALEXA WHITTED:
No problem. Our GOSH program is funded through the SHS, our state funding, and they have multiple different funding services, different programs depending on what the client qualifies for. But all of our funding comes from the state.

WHITNEY JOY HOWARD:
So our Governors Opportunity for Supportive Housing, GOSH, which is specific to individuals exiting or discharging state hospitals. Those subsidies are 100 percent state funded at this point. In Washington we also have an 1115 waiver that has serious initiatives. One is supportive housing and support employment benefits; there is a larger population of individuals in Washington who have access to supportive housing services via the Medicaid benefits. Through the long-term care system, we also utilized our state plans and waiver programs to kind of piece together between state dollars and Medicaid dollars, various supports and services.

At this time, the other that our state partnerships around federal vouchers our ALTSA subsidy is 100% state-funded.

LORI GERHARD:
Helpful. Does anyone have any other funding sources they wanted to share before we move on to the next question? OK. So this next question is around – does the individual have a support plan to help individuals with transportation? Is anyone able to show options and how to get to other health services/education/employment/and engagement in the community? Emily, I see you want…

EMILY COOPER:
I was going to say that we cover – we cover transportation under different things. Again under 1115 waiver, if you qualify there, you get transportation to housing staff, geriatricians, and Susan, can you talk about for the other steps, whatnot, wil we cover for transportation in there?

SUSAN CICCARIELLO:
Sure. As a Medicaid covered benefit, we do cover transportation to medical appointments, but some of our DSNPs and MMPs, which are the dual demo programs, also cover social transportation. It's limited, it's something that they cover as a supplemental benefit, but it's incredibly useful to folks.

ALEXA WHITTED:
And for Washington, we had the Medicaid broker [...] and our GOSH supportive housing program, we are actually able to transport our clients, so if they are not able to get in, hopefully, a medical service record, can take them to different community events, shopping, doctors' appointments, taken to a shelter, rescue animal, I mean, it's client first or whatever they need. And we also – we try to have a frontline caregiver so that the caregiver can do grocery shopping and stop every single week and have a schedule with the client. So, caregiving services probably are first and we are kind of second.

EMILY COOPER:
Adding with Adam, I think for our shelter, we also have access to transportation resources, particularly if it's to divert someone from becoming homeless and entering the shelter. For

example, if the person needed a bus ticket to go reunify with their family, did I get that right, Adam?

ADAM SCHAFFER:
Yes, that's right.

EMILY COOPER:
It's a different kind, thinking about transportation a little bit differently.

LORI GERHARD:
That's interesting. We found some self-directed programs are talking about how people get transportation and who they can arrange it with and buy it from. There is lots of strategies around that. You really have to be thinking out of the box, like a lot of you're talking about. I also might just add that the Coordinating Council on Access and Mobility has a Braiding Guide, where states and communities can braid together federal funding with FTA Section 5310 and 5311 funds.

And Rehab Act funds that are spent on transportation, to really expand access to transportation services. So we can also share with people that resource and make it available.

WHITNEY JOY HOWARD:
Also had -- I also want to add another thing. In terms of supportive housing services and client transportation being billable, there is a ton of amazing support that happens in car rides with clients, so that is definitely something that we want our providers doing and definitely want to be able to build support for that service.

LORI GERHARD:
-- Terrific. I thank you for sharing that. We had a couple of questions about Money Follows the Person. Could you all speak about how you are leveraging housing vouchers and supportive services to help people transition out of institutions or how the Money Follows the Person program has been helpful in this area?

ALEXA WHITTED:
For the GOSH program, it has been imperative to be able to have the money connected to the client. There is a lot of – it costs a lot in Washington state to move to an apartment. The rent for one bedroom is $1500. By the time you add this month's rent, security deposit, last month's rent, you are getting into quite a bit of money there. And a lot of our clients are coming out of Western, Eastern state hospitalization. They don't have anything. Sometimes they have just what they are wearing and that's it.

They really need a lot of resources to get started and to be successful. Because if you just put somebody in an apartment with nothing, they are not going to be very successful. There is a lot that goes into being successfully placed in independent housing and so our funds are imperative for that process.

WHITNEY JOY HOWARD:
In Washington, and I am sure this is the same throughout the country, in terms of people who are currently in institutional settings, they are often cut off from the local coordinated entry systems. So when they are extremely low income and in need of housing resources, and exiting either a skilled nursing facility, long-term acute care hospital, state psychiatric hospital, they don't actually have access to any of the housing resources through coordinated entry. So our state-funded ALTSA subsidy, that ensures GOSH and individuals

exiting skilled nursing facilities is really imperative to be able to get people quickly into their own homes. And have the financial support to be able to maintain that housing.

SUSAN CICCARIELLO:
Thank you. In Massachusetts, we actually have two MFP waivers that we transition from the MFP demo. One is a community living waiver, again partnerships with housing and getting housing vouchers are absolutely essential to move folks from facility settings to the community. Specifically for the MFP community living waiver. We are also in the process of reactivating the MFP demonstration, so it will be extra confusing, we will have three programs with the same acronym here in Massachusetts. All aiming to move people from institutional settings to community settings.

Always a little bit of different services but with the goal of getting people housed in their communities and absolutely partnering with folks at the HCD to make sure we can get vouchers for people who need them.

PAM PARR:
The other thing to remember is that in the last two years, most housing authorities have gotten mainstream vouchers and those vouchers are targeted at that specific population. So there should be some arrangements to build relationships there with housing authorities to get mainstream vouchers out to those folks.

EMILY COOPER:
I also want to add that in Massachusetts, as I am sure is the case in other states, vouchers are great but we are having a really hard time finding places to rent. So lots of people are getting vouchers; we are thinking about the strategies on both sides. So in addition to vouchers, we are, as part of our affordable housing development, we include – we have programs that are specifically designed to create housing where a handful of the units would be for somebody transitioning out of a nursing home, and that is a state program called community-based housing. It had that in the books for a while.

We combined it with Section 811 resources to continue to bring online affordable accessible housing, probably not enough, but at least try to make a dent in not just flooding the private marketplace.

ADAM SCHAFFER:
We also project based some of our state mobile vouchers so as the EHB came in, we decided to project base our state voucher so we can support more development projects, get more building, particularly units that are for permanent supportive housing, for formerly homeless or chronically homeless individuals, folks who really does anyone – everyone who is struggling in the Massachusetts market right now but particularly people with perhaps a more challenging rental history. So by project basing some of those, create a few more units and then use the EHP as our more of our mobiles in Massachusetts.

WHITNEY JOY HOWARD:
And that is our whole Housing Capacity Program Manager, that whole position was created to address the challenge of having tangible housing in any kind of timely manner. We also recently started talking about sponsor-based, so I would likely be following up with you, Adam. After his presentation. (Laughs) And I also did want to note, in terms of the – there is a lot of moving pieces in the housing world.

So the relationships are really key. Thinking about our GOSH participants and state psychiatric hospitals, we have to create – or in the community facilities, for diverting folks,

it really depends on great working relationships between providers and discharge people there to make sure we are aligning the discharge process as best as we can so people are able to discharge into their own homes or to some kind of stable housing setting as they are continuing to work on securing independent housing.

PAM PARR:
We also – I specifically call out the relationships we have built, but also with our low-income housing law advocacy groups, but they are crucial in all of the work we do, having someone they could call or email and get a quick response to. In terms of legal rights of our clients, is extremely important. And there are contracts between our low-income housing advocacy groups and our state psychiatric hospital. There is an additional local additional support leading on our network.

LORI GERHARD:
I just want to take a moment and ask the audience to join me in a virtual round of applause for our speakers. This has been fabulous. Thank you for your leadership, your innovation, sharing your great ideas and your partnership buildings strategies with us. It was great to really have representation across the different sectors on this speaker panel. Many thanks for your preparation and sharing your expertise today. I would like to also move into some closing.

We want to remind everybody that the Housing and Services Resource Center website has a lot to offer you. Along with information about the funding opportunities, that got mentioned on the first webinar. And we also have some models and partnerships links that are up and some examples that you will be able to look at there. Again, you can find that by going to ACL.gov/HousingAndServices.

We would like you to help us. Please complete our short feedback form, it's in the chat. Thank you for taking and making a few minutes to share that with us. We do take your input and continue to incorporate it into our planning and approach for the next webinar that we provide.

And I also then would like to just remind everybody that if you do have any questions or housing-related questions or operational questions that you want to ask of the Housing and Services Resource Center, please email us at the email posted. Watch when the webinar and recording slides are available.

Finally, we want to again, I thank everyone for your participation today. We didn't get to all the questions but we will generate a frequently asked questions list. I really want to thank all of you for your active participation in the chat. Great questions that you asked. I especially want to thank the speakers that prepared and presented on today's webinar. You want to thank Mission Analytics, USAging and the ASL interpreter and our CART specialist for their roles in producing today's webinar. And that will wrap up our webinar. Thank you so much. Have a great day.

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